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| Case Number: | CM14-0125693 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 11/10/2009 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/08/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female who sustained a vocational injury on 11/10/09. A handwritten office note dated 06/20/14 suggested that the patient was having shock wave therapy of the right elbow that was felt to be helping and they would continue to authorize care. All notes provided for review are handwritten and difficult to read to determine medical status. A previous utilization review determination noted that the claimant had been diagnosed with medial and lateral epicondylitis. The current request is for high and/or low energy extracorporeal shock wave treatment times five to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

High and /or Low Energy Extracorporeal Shockwave Treatment x 5 to Right Elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 32-40.

Decision rationale: California MTUS ACOEM Guidelines recommend that extracorporeal shock wave therapy is not considered medically necessary for both medial and lateral epicondylitis due to the fact that there is little to no high grade literature and evidence supporting its effectiveness. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines, the request for the high and/or low energy extracorporeal shock wave treatment testing to the right elbow cannot be considered medically necessary.